

Foster Family Home - Corrective Action Report

Provider ID: 1-562430

Home Name: Feby Josue, CNA

Review ID: 1-562430-7

94-288 Kahuanani Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 12/26/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection made for a 3 bed re-certification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Jackie Chamberlain *fn*
Compliance Manager

Feby A. Josue
Primary Care Giver

12/26/19
Date

12/26/19
Date